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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***THIS APPLICATION IS A 371 OF PCT/US99/24007 11/05/1999 *JK***\*\* FOREIGN APPLICATIONS \*\*\*\*\***

|                                 |  |                        |                         |                    |                         |
|---------------------------------|--|------------------------|-------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>IL | SHEETS<br>DRAWING<br>15 | TOTAL CLAIMS<br>60 | INDEPENDENT CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                         |                    |                         |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____  |                        |                         |                    |                         |

**ADDRESS**

22850

**TITLE**

System for computerized processing of chest radiographic images

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>3862 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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